

Health Care Survey of DoD Beneficiaries



UHC Survey No. 00-0001

January 2001

01007037

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:

- ☐ Yes **Go to Question 1**
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense (Health Affairs)
c/o Survey Processing Center
PO Box 82660
Lincoln, NE 68501-9462

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55, Public Law 102-484, E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military healthcare system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

-----SURVEY STARTS HERE-----

1. Which health plan did you use for all or most of your healthcare in the last 12 months? MARK ONLY ONE.

- ☐ TRICARE Prime
☐ TRICARE Senior Prime
☐ TRICARE Extra or Standard (CHAMPUS)
☐ Medicare, Part A and/or Part B (including both regular Medicare and a Medicare HMO)
☐ Federal Employees Health Benefit Program (FEHBP)
☐ Medicaid
☐ A Civilian HMO (such as Kaiser)
☐ Other civilian health insurance (such as Blue Cross)
☐ Uniformed Services Family Health Plan (USFHP)
☐ Not sure
☐ Did not use any health plan in the last 12 months **Go to Question 3**

For the remainder of this questionnaire, the term health plan refers to the plan you marked in Question 1.

2. How many months or years in a row have you been in this health plan?

- | | | |
|--|--|--|
| <input type="radio"/> Less than 6 months | <input type="radio"/> 12 up to 24 months | <input type="radio"/> 5 up to 10 years |
| <input type="radio"/> 6 up to 12 months | <input type="radio"/> 2 up to 5 years | <input type="radio"/> 10 or more years |



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3. Which of the following healthcare plans are you currently covered by? MARK ALL THAT APPLY.

- ☐ TRICARE Prime
- ☐ TRICARE Senior Prime
- ☐ TRICARE Extra or Standard (CHAMPUS)
- ☐ Medicare, Part A (including regular Medicare and a Medicare HMO)
- ☐ Medicare, Part B
- ☐ Medigap supplemental insurance (a policy you purchase directly from insurance companies that pays expenses not covered by Medicare)
- ☐ Federal Employees Health Benefit Program (FEHBP)
- ☐ Medicaid
- ☐ A civilian HMO (such as Kaiser)
- ☐ Other civilian health insurance (such as Blue Cross)
- ☐ Uniformed Services Family Health Plan (USFHP)
- ☐ Not sure

4. How is your enrollment fee or insurance policy premium paid?

- ☐ No cost to me or my family. A present or former employer, union, or other organization pays the entire cost.
- ☐ I or my family share the cost with a present or former employer, union, or other organization.
- ☐ I or my family pay the entire cost.
- ☐ Not sure.

5. In the last three months, have you ever used military treatment facility (MTF) outpatient services on a space available basis?

- ☐ Yes ☐ No

-----YOUR PERSONAL DOCTOR, OR NURSE-----

The next questions ask you about your own healthcare. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

6. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?

- ☐ Yes ☐ No Go to Question 8

7. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

- ☐ A big problem ☐ Not a problem
- ☐ A small problem ☐ I didn't get a new personal doctor or nurse.

8. Do you have one person you think of as your personal doctor or nurse?

- ☐ Yes ☐ No Go to Question 14

9. Is this person a general doctor, a specialist doctor, a physician assistant, or a nurse?

- ☐ General doctor (family practice or internal medicine) ☐ Nurse
☐ Specialist doctor ☐ I don't have a personal doctor or nurse.
☐ Physician assistant

10. How many months or years have you been going to your personal doctor or nurse?

- ☐ Less than 6 months ☐ 12 up to 24 months ☐ 5 years or more
☐ 6 up to 12 months ☐ 2 up to 5 years ☐ I don't have a personal doctor or nurse.

11. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- ☐ Yes ☐ No Go to Question 13

12. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

- ☐ Yes ☐ No ☐ I don't have any health problems or I don't have a personal doctor or nurse.

13. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best personal doctor or nurse possible
☐ I don't have a personal doctor or nurse.

14. Are you currently enrolled in TRICARE Prime or Senior Prime?

- ☐ Yes ☐ No Go to Question 17

15. As a member of TRICARE Prime or Senior Prime, do you have a Primary Care Manager (PCM) based in a military or civilian facility?

(In TRICARE Prime and Senior Prime, a PCM is a healthcare provider who is your primary point of contact with the health system. He or she provides routine care, coordinates your total healthcare, arranges for hospital admissions, makes referrals to specialists, maintains health records, and recommends preventive and wellness services.)

- ☐ A primary care manager based at a military facility (no co-payments required)
☐ A primary care manager based at a civilian facility (co-payments required)
☐ Not sure
☐ Not a member of TRICARE Prime or Senior Prime



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16. Do you know your PCM's name?

- ☐ Yes ☐ No

-----GETTING HEALTHCARE FROM A SPECIALIST-----

When you answer the next questions, do not include dental visits.

17. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of healthcare.

In the last 12 months, did you or a doctor or nurse think you needed to see a specialist?

- ☐ Yes ☐ No Go to Question 19

18. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't need to see a specialist in the last 12 months.

19. In the last 12 months, did you see a specialist?

- ☐ Yes ☐ No Go to Question 23

20. In the last 12 months, how many times did you go to a specialists for care for yourself?

- ☐ None Go to Question 23
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more

21. We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

- ☐ 0 Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best specialist possible
☐ I didn't see a specialist in the last 12 months.

22. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

- ☐ Yes ☐ No ☐ I don't have a personal doctor or I didn't see a specialist in the last 12 months.

-----CALLING DOCTORS' OFFICES-----

23. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ☐ Yes ☐ No Go to Question 25

24. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed ?

- ☐ Never ☐ Always
☐ Sometimes ☐ I didn't call for help or advice during regular office hours in the last 12 months.
☐ Usually

-----YOUR HEALTHCARE IN THE LAST 12 MONTHS-----

25. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for healthcare.

In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine healthcare?

- ☐ Yes ☐ No Go to Question 28

26. In the last 12 months, how often did you get an appointment for regular or routine healthcare as soon as you wanted?

- ☐ Never ☐ Always
☐ Sometimes ☐ I didn't need an appointment for regular or routine care in the last 12 months.
☐ Usually

27. In the last 12 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ☐ Same day ☐ 15-30 days
☐ 1 day ☐ 31 days or longer
☐ 2-3 days ☐ I tried but could not get an appointment.
☐ 4-7 days ☐ I didn't need an appointment for regular or routine care in the last 12 months.
☐ 8-14 days

28. In the last 12 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- ☐ Yes ☐ No Go to Question 31



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29. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?
- ☐ Never ☐ Usually ☐ I didn't need care right away for an illness or injury in last 12 months.
☐ Sometimes ☐ Always
30. In the last 12 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?
- ☐ Same day ☐ 4-7 days
☐ 1 day ☐ 8-14 days
☐ 2 days ☐ 15 days or longer
☐ 3 days ☐ I didn't need care right away for an illness or injury in the last 12 months.
31. In the last 12 months, how many times did you go to an emergency room to get care for yourself?
- ☐ None ☐ 1 ☐ 2-3 ☐ 4-6 ☐ More than 6
32. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?
- ☐ None Go to Question 46 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 9 ☐ 10 or more
33. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?
- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I had no visits in the last 12 months.
34. In the last 12 months, how much of a problem, if any, were delays in healthcare while you waited for approval from your health plan?
- ☐ A big problem ☐ A small problem ☐ Not a problem ☐ I had no visits in the last 12 months.
35. In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?
- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.
36. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?
- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.
37. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?
- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.
38. In the last 12 months, how often did doctors or other health providers listen carefully to you?
- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

39. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

40. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

41. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I had no visits in the last 12 months.

42. We want to know how you, your doctors, and other health providers make decisions about your healthcare.

In the last 12 months, were any decisions made about your healthcare?

- ☐ Yes ☐ No Go to Question 45

43. In the last 12 months, how often were you involved as much as you wanted in these decisions about your healthcare?

- ☐ Never ☐ Usually ☐ No decisions were made about my healthcare in the last 12 months.
☐ Sometimes ☐ Always

44. In the last 12 months, how much of a problem, if any, was it to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ No decisions were made about my healthcare in the last 12 months

45. We want to know your rating of all your healthcare in the last 12 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst healthcare possible, and 10 is the best healthcare possible. How would you rate all your healthcare?

- ☐ 0 Worst healthcare possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best healthcare possible
☐ I had no visits in the last 12 months.



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46. Is there a military treatment facility (MTF) conveniently located to you?

- ☐ Yes ☐ No

47. In the past 12 months, how much of your healthcare did you receive from a MTF? Do not count MTF pharmacy use as healthcare.

- ☐ All of my healthcare that was available at the MTF ☐ Some but not most of my healthcare
☐ Most of my healthcare ☐ None of my healthcare

48. In the past 12 months, how many of your prescriptions were filled at a MTF pharmacy?

- ☐ All of my prescriptions were filled at a MTF pharmacy
☐ Most but not all of my prescriptions were filled at a MTF pharmacy
☐ Some but not most of my prescriptions were filled at a MTF pharmacy
☐ None of my prescriptions were filled at a MTF pharmacy

49. In the last 12 months, how many prescriptions did you have that were written by a civilian provider but were filled at a military pharmacy? INCLUDE REFILLS.

- ☐ None ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ More than 15

50. In the last 12 months, where did you go most often for your health care? MARK ONLY ONE ANSWER

- ☐ A military facility - This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
☐ A civilian facility - This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
☐ Uniformed Services Family Health Plan facility (USFHP)
☐ Veterans Affairs (VA) clinic or hospital
☐ I went to none of the listed types of facility in the last 12 months.

51. In the last 12 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- ☐ Yes ☐ No Go to Question 53

52. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment you needed through your health plan?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't need to get any special medical equipment in the last 12 months

53. In the last 12 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- ☐ Yes ☐ No Go to Question 55

54. In the last 12 months, how much of a problem, if any, was it to get the special therapy you needed through your health plan?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't need special therapy in the last 12 months

55. Home healthcare or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 12 months, did you need someone to come into your home to give you home healthcare or assistance?

☐ Yes ☐ No Go to Question 57

56. In the last 12 months, how much of a problem, if any, was it to get the care or assistance you needed through your health plan?

☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't need home healthcare or assistance in the last 12 months

-----YOUR HEALTH PLAN-----

The next questions ask about your experiences with your health plan. By your health plan, we mean the health plan you marked in Question 1.

57. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.

In the last 12 months, did you or anyone else send in any claims to your health plan?

☐ Yes ☐ No Go to Question 61 ☐ Don't know Go to Question 61

58. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.

59. In the last 12 months, how often did your health plan handle your claims correctly?

☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.

60. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

☐ Never ☐ Usually ☐ Don't know
☐ Sometimes ☐ Always ☐ No claims were sent for me in the last 12 months.

61. In the last 12 months, did you look for any information in written materials from your health plan?

☐ Yes ☐ Yes, but I never got any information Go to Question 63 ☐ No Go to Question 63

62. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't look for information from my health plan in the last 12 months.



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63. In the last 12 months, did you call your health plan's customer service to get information or help ?

- ☐ Yes ☐ No Go to Question 65

64. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- ☐ A big problem ☐ Not a problem
☐ A small problem ☐ I didn't call my health plan's customer service in the last 12 months.

65. In the last 12 months, have you called or written your health plan with a complaint or problem?

- ☐ Yes ☐ No Go to Question 68

66. How long did it take for the health plan to resolve your complaint?

- ☐ Same day ☐ 4 or more weeks
☐ 1 week ☐ I am still waiting for it to be settled.
☐ 2 weeks ☐ I haven't called or written with a complaint or problem in the last 12 months.
☐ 3 weeks

67. Was your complaint or problem settled to your satisfaction?

- ☐ Yes ☐ I am still waiting for it to be settled.
☐ No ☐ I haven't called or written with a complaint or problem in the last 12 months.

68. Paperwork means things like getting your TRICARE card, having your records changed, processing forms, or other paperwork related to getting care.

In the last 12 months, did you have any experiences with paperwork for your health plan?

- ☐ Yes ☐ No Go to Question 70

69. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't have any experiences with paperwork for my health plan in the last 12 months.

70. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

- ☐ 0 Worst health plan possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health plan possible

71. If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of health plan in the next 12 months?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely
- ☐ Not sure
- ☐ I am not currently enrolled in TRICARE Prime

72. If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely
- ☐ Not sure
- ☐ I am not currently enrolled in TRICARE Prime

73. In the last 12 months, how much did you and your family spend for healthcare that was not covered by your health plan? For example, how much did you spend on premiums, enrollment fees, co-payments, co-insurance, deductibles, payments for non-covered items, balance billing by providers, or other payments for office visits?

- ☐ \$0
- ☐ \$1 - \$500
- ☐ \$501 - \$1,000
- ☐ \$1,001 - \$1,500
- ☐ More than \$1,500
- ☐ Not sure

74. In the past 12 months, how many times did you need to visit a doctor, but put it off because of the cost involved?

- ☐ None
- ☐ Once
- ☐ Twice
- ☐ More than twice

-----PREVENTIVE CARE-----

Preventive care is medical care you receive that is intended to maintain your good health or prevent a future medical problem, such as a physical or a cholesterol screening.

75. Not counting when you were sick or pregnant, when was the last time you had a general medical or physical examination or checkup?

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a general physical or checkup

76. When did you last have a blood pressure reading?

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 years ago

77. Do you know if your blood pressure is too high or not?

- ☐ Yes
- ☐ No



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78. When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a cholesterol screening

79. When did you last have a flu shot?

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 years ago
- ☐ Never had a flu shot

80. Have you ever smoked at least 100 cigarettes in your entire life?

- ☐ Yes
- ☐ No
- ☐ Go to Question 84
- ☐ Don't know
- ☐ Go to Question 84

81. Do you now smoke every day, some days or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Go to Question 83
- ☐ Not at all
- ☐ Don't know
- ☐ Go to Question 84

82. How long has it been since you quit smoking cigarettes?

- ☐ Less than 12 months
- ☐ 12 months or more
- ☐ Go to Question 84
- ☐ Don't know
- ☐ Go to Question 84

83. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits

84. Are you male or female?

- ☐ Male
- ☐ Go to Question 85
- ☐ Female
- ☐ Go to Question 86

85. When was the last time you had a prostate gland examination or blood test for prostate disease?

- ☐ Within the last 12 months
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a prostate gland examination

Go to Question 93

86. When did you last have a Pap smear test?

- ☐ Within the last 12 months
- ☐ 1 to 3 years ago
- ☐ More than 3 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a Pap smear test

87. Are you under age 40?

- ☐ Yes **Go to Question 90** ☐ No

88. When was the last time your breasts were checked by mammography?

- ☐ Within the last 12 months ☐ 3 years to 5 years ago ☐ Never had a mammogram
☐ 1 to 2 years ago ☐ More than 5 years ago

89. When was the last time you had a breast exam by a healthcare professional?

- ☐ Within the last 12 months ☐ 2 years to less than 5 years ago ☐ Never had a breast exam
☐ 1 to 2 years ago ☐ 5 or more years ago

90. Have you been pregnant in the last 12 months or are you pregnant now?

- ☐ Yes, I am currently pregnant **Go to Question 91**
☐ No, I am not currently pregnant, but have been in the past 12 months **Go to Question 92**
☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months **Go to Question 93**

91. In what trimester is your pregnancy?

- ☐ First trimester ☐ Second trimester ☐ Third trimester

92. In which trimester did you first receive prenatal care?

- ☐ First trimester ☐ Second trimester ☐ Third trimester ☐ Did not receive prenatal care

-----ABOUT YOU-----

93. In general, how would you rate your overall health now?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

94. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- ☐ Yes ☐ No

95. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- ☐ Yes ☐ No

96. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

- ☐ Yes ☐ No



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97. We want to know your rating of how well your health plan has done in providing the equipment, services, and help you need.

Use any number from 0 to 10 where 0 is the worst your plan could do and 10 is the best your plan could do. How would you rate your health plan now?

- ☐ 0 Worst your health plan could do
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best your health plan could do

98. In the last 12 months, have you been a patient in a hospital overnight or longer?

- ☐ Yes
- ☐ No

99. Do you now have any physical or medical conditions that have lasted for at least 3 months? (Women: DO NOT include pregnancy.)

- ☐ Yes
- ☐ No
- Go to Question 102

100. In the last 12 months, have you seen a doctor or other health provider more than twice for any of these conditions?

- ☐ Yes
- ☐ No
- ☐ I have no conditions that have lasted 3 months.

101. Have you been taking prescription medicine for at least 3 months for any of these conditions?

- ☐ Yes
- ☐ No
- ☐ I have no conditions that have lasted 3 months.

102. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

103. Are you of Hispanic or Latino origin or descent? (Mark "NO" if not Spanish/Hispanic/Latino.)

- ☐ No, Not Spanish, Hispanic, or Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Spanish, Hispanic, or Latino

104. What is your race? (Mark ONE OR MORE races to indicate what you consider yourself to be.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☐ Native Hawaiian or other Pacific Islander (e.g., Somoan, Guamanian, or Chamorro)

105. What is your age now?

- ☐ 18 to 24 **Go to Question 108** ☐ 45 to 54 **Go to Question 108** ☐ 75 or older
☐ 25 to 34 **Go to Question 108** ☐ 55 to 64 **Go to Question 108**
☐ 35 to 44 **Go to Question 108** ☐ 65 to 74

Recent legislation has expanded TRICARE eligibility to Medicare eligibles enrolled in Part B as of 1 October 2001. Through a combination of Medicare and TRICARE payments, these changes will eliminate most of your out of pocket expenses such as co-payments and cost shares for your healthcare.

106. As a result of this legislation, how much of your healthcare would you get from a MTF?

- ☐ All of my healthcare that a MTF offers
☐ Most, but not all, of my healthcare that a MTF offers
☐ Some, but not most, of my healthcare that a MTF offers
☐ I would not use an MTF for my healthcare

107. Are you likely to fill any prescriptions at a MTF, regardless of how much healthcare you receive at a MTF?

- ☐ Yes ☐ No

108. Which of the following are important to you in your decision to use a MTF for your healthcare? (Mark all that apply)

- | | |
|---|--|
| <input type="radio"/> Cost to you | <input type="radio"/> Military courtesy |
| <input type="radio"/> Convenience of location | <input type="radio"/> Relationship with a personal physician |
| <input type="radio"/> Quality of healthcare | <input type="radio"/> Co-location of services in a MTF |
| <input type="radio"/> Convenience of telephone access | <input type="radio"/> Lack of paperwork/claims |
| <input type="radio"/> Timeliness of appointments | |

109. Of those reasons you marked in Question 108, which is the single most important reason to you in your decision to use a MTF for your healthcare? (Mark only one)

- | | |
|---|--|
| <input type="radio"/> Cost to you | <input type="radio"/> Military courtesy |
| <input type="radio"/> Convenience of location | <input type="radio"/> Relationship with a personal physician |
| <input type="radio"/> Quality of healthcare | <input type="radio"/> Co-location of services in a MTF |
| <input type="radio"/> Convenience of telephone access | <input type="radio"/> Lack of paperwork/claims |
| <input type="radio"/> Timeliness of appointments | |

110. Which of the following sources are you likely to use for information regarding changes to your military healthcare benefit? (Mark all that apply)

- | | |
|---|--|
| <input type="radio"/> Retiree organization newsletter | <input type="radio"/> Information in retired pay statement |
| <input type="radio"/> Health Benefits Advisor | <input type="radio"/> T.V. |
| <input type="radio"/> Pamphlets in a MTF | <input type="radio"/> Radio |
| <input type="radio"/> Internet | <input type="radio"/> Friends or relatives |
| <input type="radio"/> Base newspaper | <input type="radio"/> Beneficiary Counseling Assistance Coordinators (BCACs) |

THANK YOU

Please return the completed survey in the postage-paid envelope.



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